

Fire Alarm/Fire Suppression Firm Information Update

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Michigan Department of Labor & Economic Growth

Bureau of Fire Services

Fire Safety Plan Review Division

P.O. Box 30700

Lansing, MI 48909

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AGENCY USE ONLY

FIRM NAME		CONTRACTOR LICENSE NUMBER (If Applicable)		CERTIFICATION NUMBER
MAILING ADDRESS (STREET)			TELEPHONE NUMBER	EXPIRATION DATE
CITY	COUNTY	STATE	ZIP CODE	
E-MAIL ADDRESS				
QUALIFYING PERSON				CERTIFICATION NUMBER
MAILING ADDRESS (STREET)			TELEPHONE NUMBER	
CITY	COUNTY	STATE	ZIP CODE	

CODES/CATEGORIES FOR WHICH FIRM IS QUALIFIED

- | | | |
|--|---|---|
| A. Fire alarm systems | G. Custom designed clean agent suppression systems | M. Water reservoir (aboveground) |
| B. Fire alarm voice communication systems | H. Pre-engineered clean agent suppression systems | N. Water reservoir (underground) |
| C. Custom designed carbon dioxide systems | I. Custom designed foam systems | O. Custom designed pressure tank water supply |
| D. Pre-engineered carbon dioxide systems | J. Pre-engineered foam systems | P. Engineered pump pressure supply |
| E. Custom designed wet or dry chemical systems | K. Custom designed, water-based sprinkler systems, including underground water supply | Q. Engineered explosion suppression systems |
| F. Pre-engineered wet or dry chemical systems | L. Custom designed water spray or water mist systems | R. Categories for new technologies |

Full Name (Type or Print)	QUALIFYING PERSONS Signature	Category Codes

*For additional qualifying persons, please attach additional pages.

CHIEF OPERATING OFFICER OR BRANCH OFFICER

I hereby declare the firm is capable of providing service to required fire alarm systems or required fire suppression systems within 24 hours and replacement parts are available for required alarm systems or required fire suppression systems.

NAME OF CHIEF OPERATING OFFICER OR BRANCH OFFICER (Print or Type)	SIGNATURE	DATE
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